RECEIVED 選I4 SEP 30 AM 9: 18 FEC MAIL CENTER

Committee Name:	, EU FIAIL (J [17 .
TOMORROW PAC		
If registered, FEC ID:	7	
Today's Date:	_	
09/23/2014		
1 [~~

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Marc Boyd

Treasurer

FEC

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1			214 S	EGs. 30, AM 9: 18
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC	MAIL CENTER
TOMORROW P	AC			
			<u> </u>	
ADDRESS (number and street)	19 MCCLEL	LAN STREET	, 	
(Check if address is changed)		151 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	AMHERST CITY		MA 01 STATE A	002 - LIP CODE ▲
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address is changed)	TOMORROWP	A COGMAIL. C	OM	
	Optional Second E-Mail Ad	dress	··· .	
			<u> </u>	<u></u>
				•
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		· · · · · · · · · · · · · · · · · · ·	
			<u> - - - - - - -</u>	
**	u*	•	·	
2. DATE 0.4	3 2014			
3. FEC IDENTIFICATION	NUMBER ▶ C		·	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, correct and o	complete.
Type or Print Name of Treasu	rer Marc Isa	ac Boyd		
Signature of Treasurer	Markens		Date 09	23/2014
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ION SHOULD BE REPORTED		enalties of 2 U.S.C. §437g.
Office ;		For further information Federal Election Commis		FEC FORM 1 (Revised 06/2012)

Pan	e	2
au		•

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424

-	EC FO	rm 1 (Revised 02/2009) Page 2					
		OMMITTEE					
Can	Candidate Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	idate Affiliati	Office State Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Party Committee:							
(Mational, State (Democratic, or subordinate) committee of the Republican,							
Polit	tical A	ction Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization							
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lopbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	draising Representative:					
(g)	Description of the second	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.	FEC ID number					
	4.						

1	FEC Form 1 (Revised C	2/2009)	Page 3
. N	/rite or Type Committee Name		
	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
ıN	 O ME		# !
1			
L	<u>.</u>	<u> </u>	
	Mailing Address		
		CITY STATE ZIP	CODE
		and the second s	
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative JLeader	ship PAC Sponsor
			
7.	Custodian of Records: Identification books and records.	itify by name, address (phone number optional) and position of the person in possess	sion of committee
	Full Name	<u> </u>	
	Mailing Address		
	Title or Position	CITY STATE ZIP	CODE
	$T_iR_iE_iA_iS_iU_iR_iE_iR_i$	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer	-, I, S, AA, C, B, O, Y, D,	
	Mailing Address	$[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
		APT 2	
		AMHERST MA 10100	2-[
	Title or Position		CODE
_		Telephone number 5/2-58	21-16:4.4.9

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

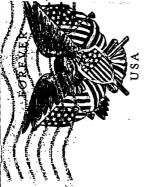
Full Name of Designated Agent

Mailing Address

Marc Boyd 19 McClellan, APT#2 Amherst, MA 01002

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STREET SOLD SERVE



Federal Election Commission 999 E Street, NW Mashington, D.C 20463

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